

FORM 3300-77A

(FOR WELL DRILLER USE -

SAMPLE FOLLOWING FIRST FORM 3300-77)

First Water Quality Test For WISCONSIN UNIQUE WELL NUMBER			
Property Owner		Telephone Number ()	
Mailing Address			
City		State	Zip Code
County of Well Location	Co. Well permit No. W	Well Completion Date (mm-dd-yyyy)	
Well Constructor (Business Name)		License #	
Address			
City		State	Zip Code

← **Mail
Results
To**

Use this form only for first sample of new, replaced or reconstructed wells.

STOP: DETACH SLIP AT TOP BEFORE COMPLETING UNSHADED AREAS

Date of Collection M M / D D / Y Y Y Y	Time H H : M M <input type="checkbox"/> AM <input type="checkbox"/> PM	Test Request Please indicate additional tests desired. (Bacteriological test is required.) See reverse. <input type="checkbox"/> Fluoride <input type="checkbox"/> Nitrate
Collected By: _____		Laboratory Use Only Approved Method: <input type="checkbox"/> MMO-MUG (Colilert®, Colisure®, etc.) <input type="checkbox"/> Membrane Filter <input type="checkbox"/> Multiple Tube Fermentation <input type="checkbox"/> Presence/Absence <input type="checkbox"/> Other: _____
Sample Location <input type="checkbox"/> Test Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bailer <input type="checkbox"/> Sampling Faucet <input type="checkbox"/> Other _____		
Pump Installer _____ (If Known)		
Other Tests or Comments: _____ _____ _____		
Lab Name _____ Lab Cert.# _____		Laboratory Results Bacteriological Interpretation: <input type="checkbox"/> Safe (Coliform Absent) <input type="checkbox"/> Unsafe (Coliform Present) and: <input type="checkbox"/> Fecal/E Coli Present <input type="checkbox"/> Fecal/E Coli Absent <input type="checkbox"/> Invalid (Submit another sample) <input type="checkbox"/> Old - OL <input type="checkbox"/> Frozen - FR <input type="checkbox"/> Overgrown - OG <input type="checkbox"/> Lab Accident - LA <input type="checkbox"/> Turbidity- TU <input type="checkbox"/> Shipping Problem - SP <input type="checkbox"/> Chlorine Present - CL Nitrate: _____ mg/L as N Fluoride: _____ mg/L
		Date / Time Received _____ Lab Sample No. _____ Date Reported _____ Date Received by DNR _____

WATER QUALITY TEST
Department of Natural Resources

Form 3300-77A
(R 9/05)

EXPLANATION OF THE TEST

New wells must be tested for bacteriological safety. You may also request a nitrate or fluoride test. Contact laboratories in your area.

BACTERIOLOGY: The presence of coliform bacteria in well water shows that unfiltered, or poorly filtered surface water may have found its way into the well. This indicates that the water is potentially dangerous. You should test for bacteria **annually** or any time the well water changes in taste, odor, color, or appearance.

NITRATE TEST: High levels of nitrate in water present a potential health problem for infants less than six months of age. Nitrate is changed to nitrite in the stomachs of small infants. The nitrite then interferes with the blood's ability to carry oxygen, and symptoms of suffocation or "blue baby syndrome" can occur. This problem generally does not affect older infants or adults eating solid food. This test is recommended for all wells serving children less than six months of age. For more information, contact the DNR for a Nitrate Brochure.

FLUORIDE TEST: Knowledge of the level of naturally occurring fluoride will be useful to your dentist in prescribing a fluoride treatment program for children. This test is recommended only if your dentist has requested it.

ATRAZINE TEST: Atrazine is the most commonly used pesticide in Wisconsin. If present in amounts above the advisory level in drinking water, atrazine may pose a cancer risk. Testing for atrazine is especially recommended for wells located in non-clay soils in corn producing areas. The Wisconsin State Laboratory of Hygiene can test your drinking water supply for the presence of this pesticide. You can request an Atrazine Test Kit by calling 800-442-4618. There may be other labs that sample for atrazine in your area.

Sample Bottle. The bottle has been sterilized. Do not open until ready to collect sample. Take care not to touch lip of bottle or inside of cap. Improper or careless collection of the sample may cause it to be contaminated, thus giving an "unsafe" test. The instructions for sampling should be carefully followed.

Sampling. The well constructor or their agent shall collect a water sample following completion, disinfection, and flushing of the well. If the well constructor is also the pump installer, the water sample may be collected following completion, disinfection, and flushing of the pump installation. Fill in all requested information including date and time of collection. You should collect samples just prior to the time mail is picked up from the post office you intend to use. Bacteria are perishable, and holding time is very important. Old samples will not be analyzed. If sample is taken from a sink tap, do not use a swing faucet.

1. Remove aerator or screen if present.
2. Sterilize the tap or faucet by heating it dry by holding a flame beneath the opening. Do not flame a plastic faucet. It will melt. Eliminate this step if you use a plastic faucet as a sampling point.
3. Run the water for a few minutes. Do not change the flow rate or wash or wipe the tap before collecting the sample.
4. Remove the cap taking care not to touch lip of bottle or inside of cap.
5. Fill bottle to within one-half inch of the top. Do not overfill or run over the top.
6. Replace cap securely, again taking care not to touch inside of cap or lip of bottle.
7. Send the water sample and test slip to a laboratory certified for bacteria testing of water.